The United States, Dr.,  Payee's Account No.  (Cayre)  (Cayre)  (Cayre)  (Cayre)  (Cate description, item number of contract or Federal supply Order or Services  (Cost  Cost	U. S. COS	ST REIMBURS		reau, or establishment)				-	PA	ID BY	
The United States, Dr.,  Payee's Account No.  (Payon)  (Payon)  (Payon)  (Payon)  (Copy / OF R  (Cop	Voucher prep	ared at		(Cl., pl., a.d. 4.4.)				-			
To	THE UNITED S	TATES Dr	Pauca								
(City) (State)  No. and Date of Onlivery or Services   Cost   Cos	THE UNITED S	THIES, DI.,	1 uyee	S Account IVO					ENCK	, # 20	á
COPY OF	To							-	SAPC /	7701	
No. and Date of Date of Delivery or Service     Center description, item number of contract or Federal supply schedule, and other information deemed necessary    QUANTITY    Cost		•	1)	• ,					COPY /	OF A	
No. and Date of Delivery or Service    Cost   Cost		(Ad		(City)	3)	State)				1	
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total 23,139. (  I certify that the above bill is correct and just and that payment has not been received.  FOIAb3b (Sign original only)  Date 7-15-57 *Payee  Per Title (Signature or initials)  Contract No. AIO1 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$		Date of Delivery or Service	(Enter description, i schedule, and o	tem number of contra	t or Federal s	upply	QUANTITY		1		T C
Complete Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$ 23,139. [Payee must NOT use this space]  I sertify that the above bill is correct and just and that payment has not been received.  FOIAb3b (Sign original only)  Date 7-15-57 *Payee			Cost							23,139	. 08
Shipped from to Weight Government B/L No. Total \$ 23,139.  I sertify that the above bill is correct and just and that payment has not been received.  FOIAb3b (Sign original only)  Date 7-15-57 *Payee	Complete Partial		Lise con	ntinuation sheet(s) if nev	essarv						
Sertify that the above bill is correct and just and that payment has not been received.   (Payee must NOT use this space)	Shipped from	l	·				<u> </u>			23,139	. α
FOIAb3b (Sign original only)  Date 7-15-57 *Payee	sertify that the	bove bill is correc	t and just and that payme	ent has not been receive	:d.						
Per	FOIAb3b		(Sign original only)			Differen	ces				
Per	Date 7-15-5	7*Payee	bate not required when a like	certificate is made by payes on att	ched bill or bills)						
Contract No. A101 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	Per		Ti+le				•			•	!
† Approved for \$		T <b>O</b> T		Reg. No.						<del></del>	
SIGN ORIGINAL Title	Pursuant to author	rity vested in me,	I certify that this account	is correct and proper fo	or payment.						
SIGN ORIGINAL ONLY  Title	Approved for \$				†						
ONLY  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	<u> </u>	•									
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	бу	.,	4 banang ang ang ang ang ang ang ang ang an		I itle				~ = =	**************************************	
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ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)		THE REVERSE OF T	HIS FORM MUST BE EXECUTED W	HEN PURCHASES ARE MADE	OR SERVICES SEC	URED WITHO	OUT WRITTEN A	GREEMENT	IN ANY FORM		.,174
		ACCOU	NTING CLASSIFICATION	N (Appropriation Symi	ool must be sh	own; oth	er classificat	ion optio	nal)		
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Check Nodated, 19, for \$			, on				· · · · · · · · · · · · · · · · · · ·				

# Approved For Release 2000/04/11 : CIA-RDP64-00360R00050050050-7 METHOD OF OR ABSENCE OF ADVERTISING

### METHOD OF ADVERTISING

	Advertising in newspapers Yes □ No □.
2.	(a) Advertising by circular letters sent to dealers.
	(b) And by notices posted in public places Yes \( \square\) No \( \square\).
	(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)
	ABSENCE OF ADVERTISING
3.	Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4.	Without advertising in accordance with
	Without advertising, it being impracticable to secure competition because of
	(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 8 and 4)
	Norm. The above form "Method of or Absence of Advertising" is to be used when nurchases are made or services secured under

Note.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of advertising and award of contract. (See General Regulations No. 51, as amended.)

16 -22900-2 U. S. GOVERNMENT PRINTING OFFICE

# Standard Form No. 1035a—Revised Form prescribed by Comptroller General, U. s. Septem Approved For Release. 2000/04/11 TCIA-RDP64-9e360R0005000500050AFANDUM (Gen. Reg. No. 61, Supp. No. 11)

## CONTINUATION SHEET

		(Department, bureau, or establishment)			1	T		her No	
and Date f Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply and other information deemed necessary)		pply schedule,	QUAN- TITY	UNIT PRICE  Cost Per		AMOUN7 Dollars	
		Contract AlOl - System I	I						- C
		To adjust O/H and G & A rates applicable to Commo for the period 1/1/57 to	unication	s Di <b>v</b> isio	h				
		<b>Ov</b> erhead	From	То		<i>j</i>			
		R & D Production	135% 195%	145% 195%		4.			
		<u>G &amp; A</u>	14%	17%	,,,			*	
			1957 (Submit		Costs	Submit compu terim	ted	Adjustr	rar
				, <u>ou. jo</u> 1	20 111	JOI IM		Acjusti	461
1	Labor	R & D Production	71,28 68,42	36.62 28.08	71 68	,286.6 ,428.0	2		
<u>c</u>	<b>v</b> erhead								
		R & D Production	96,23 133,43	17.05 14.76	103 133	,365.60 ,434.76	5	7,128. -	55
2	Other Cos	<u>ts</u>	123,90	1.15	123	,901.1	<u> </u>	****	
		Total	493,28	7.66	500	,416.21	-	7,128.	55
G	A & 4		69,060	.23 /	85,	070.76	_	16,010.	53
		Total Costs	<u>562,34</u>	7.89	<u>585</u> ,	486.97	,	23,139.	08
				all the state of t	Per Transfer de l'Annacie.				
					ermenty, annual aggregation (e.g., e.g., e.g				
		ved For Release 2000/04/							22.